

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 174
Registered No. 543

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 501-B Skyline Trail St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Rebecca Duran (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other	0. Legitimate? <u>Yes</u>	7. Date of birth <u>Nov 22 1929</u> Month Day Year
		5. No., in order of birth		

8. FATHER
Full name Francisco Duran

9. Residence
(Usual place of abode) Miami Arizona
If non-resident, give place and state.

10. Color or race Mexican
11. Age at last birthday 27 (Years)

12. Birthplace (city or place)
(State or country) Mexico

13. Occupation miner
Nature of industry Copper

14. MOTHER
Full maiden name Lucia Sandobal

15. Residence
(Usual place of abode) Miami Arizona
If non-resident, give place and state.

16. Color or race Mexican
17. Age at last birthday 27 (Years)

18. Birthplace (city or place)
(State or country) Mexico

19. Occupation Housewife
Nature of industry

20. Number of children of this mother <u>2</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against oph- thalmia neonatorum? <u>Yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 10:55 P m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Miller
MD
(Physician or midwife)

Given name added from
a supplemental report _____
Month, day, year

Address Miami Arizona
Filed Nov 30 19 29
Registrar _____

Registrar

945-1122-323